

Permit No. *A 11* Issued Saturday *25* of *May* 188*7* No. *A 11*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 11* Office of Registrar of Vital Statistics. Ward *4th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May — 25 — 87*

Full Name of Deceased, *Martha Henderson* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *1* Years, *10* Months, *—* Days.

Color, *Caucasian*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give Street and Number. } *10 Paulina St.*

Cause of Death, { First (Primary), Second (Immediate), } *Unwilling Central Eclampsia*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Isberry Den*

Date of Burial, *May 26 1887*

{ Undertaker, *William Gungor*

{ Place of Business, *150 East St.* Address, *4 So. Euter St.*

Frank G. Meyer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. A. 12

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 12 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1887

Full Name of Deceased, Wm. H. Carter { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 35 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Coal heaver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia -

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } Drowned accidentally at Gibson Coal Wharf - foot of Henry St.

Cause of Death, { First (Primary), Drowning Second (Immediate), Asphyxia - }

Duration of Last Sickness, Residence Hullville - Balto Co -

All the above information should be furnished by the Physician.

Place of Burial, Sharp Center

Date of Burial, May 26 1887

{ Undertaker, Herold Ross } J. L. Flannery M. D. { Place of Business, 75 Center } Address, 1701 St. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permits for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 13, Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emerson Stokes,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 58 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Shipping Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Hope Maine

Duration of Residence in the City of Baltimore, 15 years,

Place of Death, { Give Street and Number. } 2211 E Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Frequent attacks of Acute Rheumatism
Acute Rheumatic Carditis

Duration of Last Sickness, Under treatment sometime, violent attack lasting 36 hours,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 27 1887

{ Undertaker, M. A. Dwyer, Htg } J. Ridgway Andrew M. D.
Medical Attendant.

{ Place of Business, 229 S. Bay } Address, 1123 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A. 14* Office of Registrar of Vital Statistics.

Ward *15*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 23, 1887*

Full Name of Deceased, *Wm Jurney*
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male* or Female, {Cross out the word not required in this line.}

Age, *30* Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, *Allyear*

Birth Place, {State or country, and how long in the United States, if of foreign birth.} *Baltimore*

Duration of Residence in the City of Baltimore, *84 years*

Place of Death, {Give Street and Number.} *84 Hammond St*

Cause of Death, {First (Primary), Second (Immediate),} *Phthisis*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *St Olives*

Date of Burial, *May 27/87*

{ Undertaker, *Chas. H. H. H.*

M. D.

Medical Attendant.

{ Place of Business, *715 Light*

Address, *578 Hammond St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. A. 15

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7. 15

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dina BuschSex, ~~Male~~ or Female, { Cross out the word not required in this line. }Age, 34 Years, _____ Months, _____ Days.Color, WhiteMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }Occupation, HousekeeperBirth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } St. Joseph's HospitalCause of Death, { First (Primary), Second (Immediate), } Tuberculosis
ExhaustionDuration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemDate of Burial, May 26 1887{ Undertaker, W. Blothorn } Sean J. Coker M. D.

Medical Attendant.

{ Place of Business, 707 E Lombard } Address, 624 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. *A 16*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 16*

Office of Registrar of Vital Statistics.

Ward *1*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Roden

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

(or Rohda)

Age, *14* Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

School Boy

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Polo N.Y.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

In the care of Father's Wharf Boston St.

Cause of Death, { First (Primary) Second (Immediate), }

Accidental Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cem.

Date of Burial,

May 27 1887

{ Undertaker,

G. France

E. H. Rutledge

M. D.

{ Place of Business,

Bank & Wolf

Address 413 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. *A. 17* Office of Registrar of Vital Statistics. Ward *12*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 25th 1887*
 Full Name of Deceased, *Eliza D. McClellan*
 Sex, *Male* or Female, *Female*
 Age, *47* Years, *11* Months, *15* Days.
 Color, *White*
 Married, *Single*, *Widow* or *Widower*
 Occupation, *Life*
 Birth Place, *Baltimore*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, *300 W. Lantvale*
 Cause of Death, *Epithelioma*
 Duration of Last Sickness, *Exhaustion*
 about 18 hrs

All the above information should be furnished by the Physician.

Place of Burial, *Westminster Cemetery*
 Date of Burial, *27th May 1887*
 Undertaker, *H. W. Jackson*
 Place of Business, *No. 201 W. Annapolis*
 Address, *1213 Eutaw Place*
 Medical Attendant, *Thos. S. Latimer M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, gm 1132. Printed 10/25/2022.

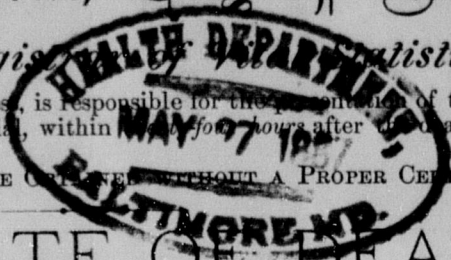
to the Office whence issued, Saturday, *May 27 1887*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A. 18* Office of Registrar *Statistics* Ward *20th*

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *24* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *May 26 1887*

Full Name of Deceased, *Manvrig Coates* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, *Male* or Female, {Cross out the word not required in this line.}

Age, *27* Years, _____ Months, _____ Days

Color, *white*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} *Single*

Occupation, *no*

Birth Place, {State or country, and how long in the United States, if of foreign birth.} *Balt*

Duration of Residence in the City of Baltimore, *Lipston*

Place of Death, {Give Street and Number.} *1345 Myrtle Avenue*

Cause of Death, {First (Primary), Second (Immediate),} *apoplexy*

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral Cemetery*

Date of Burial, *May 28th 1887*

{ Undertaker, _____ Medical Attendant, _____ }

{ Place of Business, *606 E. Baltimore St* Address, *102 Franklin* }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permit for Burials, to the Office of Health Statistics, Baltimore, Md., issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 19 Office of Registrar of Health Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Idelheit Brunkman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 74 — Years, — Months, — Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Germany ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, { Give Street and Number. } 511 S. Howard St

Cause of Death, { First (Primary), Second (Immediate), } Hepatitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 27th

Undertaker, J. R. Trol J. W. Webster M. D.

Medical Attendant.

Place of Business, 421 Hanover St 106 Banner

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[OVER.]

No. *A 20*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department of Baltimore.

Permit No. *A 20*

Office of Registrar of Vital Statistics.

Ward *8^{1/2}*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *May 26th 1887*

Full Name of Deceased, *Nora Clark.* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *22* Years, Months, Day

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Howard Co. Md*

Duration of Residence in the City of Baltimore, *12 Months*

Place of Death, { Give Street and Number. } *1805 Guildford av*

Cause of Death, { First (Primary), Second (Immediate), } *Acute Brain disease, probably about 5 weeks*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park*

Date of Burial, *29th May 1887*

Undertaker, *H. W. Jenkins & Sons*

Place of Business, *201 W. Saratoga st* Address, *514 Cathedral R*

F. J. Miles

M. D.

Medical Attendant.

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[OVER]